Northern Virginia Regional Partnership Planning Project
Interim Report for Structural Work Group
June 27, 2003

Summary of Review of Potential Areas for Regional Collaboration

1. Information Technology

   There is unlikely to be significant collaborative potential across all Boards and facilities given the level of investment in different management information systems. However, it was noted that there may be a potential in the future for further collaboration among the three Boards (Alexandria, Arlington, and Fairfax-Falls Church) that use the Anasazi software application.

   Next Step: Meeting of representatives of the five CSBs and the two State facilities to review current practices, identify common areas of interest and possible areas of collaboration.

2. Training

   There could be significant benefit from a more regional approach to many areas of training including required training for new staff, annual recertification; clinical professional training; vendor training needs, training on specialized topics, e.g. the Recovery process. Benefits could include saving expenses by holding larger training events, improving attendance by conducting training events across the region and by establishing a website to list all regional training events.

   Next step: Meeting of Training Coordinators from the five Boards and two Facilities

3. Quality Assurance/Quality Improvement

   Each Board and Facility has staff who are attending to QA/QI activities. It is expected that there is significant similarity among the areas of focus for these staff, although the specific methods and approaches used probably are quite variable. Corporate compliance and risk management should also be included in any further analysis.

   Next step: Meeting of QA/QI staff from the five Boards and two Facilities to review existing QA/QI activities and allow opportunities for sharing of useful procedures and consultation and problem solving around common dilemmas.

4. Reimbursement Activities

   Since reimbursement activities are so integrated with all other local service and administrative activities, it was not possible at this time to identify areas for regional integration or collaboration that would achieve any significant cost savings or improvement in revenue collection.

5. Center for Excellence

   A specific area for regional collaboration was identified in the potential use of skilled staff from NVMHI to provide regional training and consultation on areas of expertise such as behavioral specialist consultations and training on managing aggressive behavior with non-coercive strategies.

   Next step: Exploration of development of the sharing of expertise from NVMHI will be pursued along with further consideration of other possible components of a regional Center for Excellence focused on Mental Health topics. Involvement of the private hospitals with psychiatric inpatient units will also be encouraged as a part of this initiative.

6. Cultural Competence

   It was agreed that provision of services that are sensitive to and directed to the particular cultural background of the consumer is an important issue for the entire Northern Virginia region. There may be opportunities for regional collaboration and the sharing of expertise since many cultural groups and immigrant communities are more regional in nature. There may be a need to begin sharing specialized training staff involved in the provision of culturally competent services.

   Next step: This issue will be included on the agenda of the meeting of the Training Coordinators of the five Boards and the two Facilities.

7. Evidence Based Practices

   With the continuing growth of evidence based practices that are being made available in all disability areas and the goal of providing the most efficient and effective services possible, it was agreed that there could be significant benefit from approaching the research of and implementation of evidence based practices on a regional level.

   Next step: This issue will be included in the meeting of QA/QI staff from the five Boards and two Facilities. The Mental Health Directors of the five Boards will be asked to play a leadership role in implementing these practices.

8. Services for Deaf and Other Specialized Populations

   It was agreed that this was an important aspect of service delivery for all providers and needed further study and review of existing resources and future needs.

   Next step: Meeting of the Fairfax-Falls Church based regional Coordinator of Deaf Services, Deaf Resources staff lead for Psychiatric Rehabilitation Services, Inc., and any other relevant providers to develop a current status report of services for these populations. There was agreement to convene at least annual regional meetings with these services as the focus.

9. Prevention

   Prevention Coordinators from throughout the region currently meet on a regular basis to review, and monitor community needs as well as to share and coordinate prevention strategies.

   Next step: The group will be encouraged to continue their regular meetings and to place a special emphasis on promoting the use of evidence based practices.

10. Regional Approach to Grants

    There was consensus that pursuit of available grants was an important adjunct to state and local funding for services across the region. However, because of the unpredictable nature of grant announcements and the often quick response deadline, as well as the close collaboration with local government, other local agencies, and local community groups that are often required to be demonstrated in the grant response; it was decided that there may be limited opportunity for regional collaboration in this area. However, there is an expectation that a high level of regional collaboration will continue when it is required by the nature of the grant.

11. Collaboration with Various Community Organizations

    Although it was agreed that there may be limited opportunities for regional collaboration with those community organizations that were active throughout the region, the decision was that this was an area that would more likely be effective on a local level because of the close local interaction and communication between the individual Boards and Facilities and the particular local group. It was noted that there may be additional opportunities for the two State facilities to be involved in these collaborative endeavors with the community.

12. Emergency Response/Management

    This is an area in which multiple teams have had and continue to have active involvement both locally and across the region. During a declared disaster, DMHMRSAS will work with CSBs to ensure they can handle their local needs and/or request CSBs in non-effected areas to provide assistance, when possible, to other CSBs.

    In Northern Virginia, each CSB coordinates their emergency preparedness planning with their respective local government(s). Local jurisdictions also plan and coordinate activities with the US Department of Homeland Security and the Metropolitan Counsel of Governments (COG). The first priority of the CSB is to respond to local consumer and community needs and to assist other localities if possible.

    At the local level, during a disaster, responsibilities of CSBs include providing crisis counseling and emergency services to first responders, victims of disasters and ensure continuity of CSB residential and out patient services for consumers already in the care of the CSB.

13. Maximization of Medicaid Revenue for the Region

There is a need to maximize use of Medicaid funded services for individuals who have Medicaid or who are Medicaid eligible. For example, persons who require mental health inpatient psychiatric services could be referred to a facility in which Medicaid can be used as a reimbursement resource. This would involve referral to a facility that can bill Medicaid at the point of assessment for need for psychiatric inpatient services as well as possible transfer to a facility that can bill Medicaid of individuals who have Medicaid or are Medicaid eligible who have been admitted to NVMHI.

Next step: Issue to be added to the agenda of the Northern Virginia Regional Partnership Private Hospital Work Group.

14. Coordination of Regional Mental Health Issues

The five CSBs and the State facilities have many common concerns that can sometimes be most effectively and efficiently addressed through a coordinated approach. The differing structures of each Board and the State facilities have sometimes made it difficult for the leaders of the MH systems to coordinate their activities.

Next step: The current structure of the Regional MH Council should be strengthened by ensuring that each Boards and State Facility is properly represented on an ongoing basis. In addition, the Aftercare Coordinators, the Emergency Services Coordinators and the Forensic Coordinators should continue to meet regularly.

15. Decision Making on Regional Funds

There are certain advantages to placing some funds in a common pool to be used to benefit the entire region or a portion of the region. This approach has fostered increased collaboration and allowed for the establishment of regional priorities. The best example of this is the Discharge Assistance and Diversion (DAD) project. While the DAD project has both a Steering Committee and a Coordinating Committee which include representatives from around the region, the proposed strengthening of regional control over the project would indicate that the current structure should be reviewed.

Next step: The DAD Steering Committee should carefully review and modify as needed the structure, role and membership of its management structure to ensure that there is broad regional representation and a system for decision making that is both efficient and accountable.

Identification of Issues That Are Beyond the Scope of the Region but Affect Regional Service Delivery

These issues will be further refined during the next phase of the report.

- Long range commitment of funding from the State
- Identification of new funding mechanisms (e.g. Dedicated Taxes)
- Tenure of Commissioner of DMHMRSAS
- Expansion of Medicaid eligibility and services
- Need for more inpatient psychiatric beds
- Potential closure of private psychiatric beds
- Ability of private providers to be fully reimbursed for the cost of providing serve
- Compliance with the Olmstead Supreme Court decision
- NGRI process limits the ability of the Region to establish a full array of services for this population